

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
EVANSVILLE DIVISION

AUTUMN CORDELLIONÉ, ALSO )  
KNOWN AS JONATHAN RICHARDSON, )  
 )  
Plaintiff, )  
 )  
-v- ) CAUSE NO.  
 ) 3:23-CV-00135-RLY-CSW  
COMMISSIONER, INDIANA )  
DEPARTMENT OF CORRECTION, IN )  
HER OFFICIAL CAPACITY, )  
 )  
Defendant. )

The deposition upon oral examination of  
STEPHEN BARRETT LEVINE, MD, a witness produced by  
means of videoconference and sworn before me, Gretchen  
Fox, RPR, Notary Public in and for the County of  
Johnson, State of Indiana, taken on behalf of the  
Plaintiff remotely via Zoom videoconference on  
February 7, 2024, at 9:00 a.m., pursuant to all  
applicable rules.

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1                   STEPHEN BARRETT LEVINE, MD,  
2   having been first duly sworn to tell the truth, the  
3   whole truth, and nothing but the truth, testified as  
4   follows:

5   DIRECT EXAMINATION

6   BY MR. ROSE:

7   Q   Good morning, Doctor. Can you just state your name  
8       for the record real quick.

9   A   Stephen, with a p-h, Barrett Levine.

10   Q   And I'm aware that you have had your deposition  
11       taken before, is that correct?

12   A   Yes.

13   Q   And approximately how many times?

14   A   I think I would say ten.

15   Q   And how recent was the most recent time you were  
16       deposed?

17   A   A week ago. Two weeks ago.

18   Q   Okay. The ten times you had your deposition taken,  
19       had they all concerned issues related to gender  
20       dysphoria or its treatment?

21   A   For all practical purposes, yes.

22   Q   Okay. I understand that you're a seasoned veteran  
23       at this point, but you understand that this is a  
24       formal asking and answering of questions under  
25       oath, correct?

1 A Yes, I do.

2 Q And I'll ask at the outset. Can you hear me okay?

3 A Yes.

4 Q If at any time -- I have a tendency sometimes to  
5 let my voice drift a little bit, so anytime if you  
6 can't hear me, please just let me know, and I will  
7 speak up or repeat my question, is that okay?

8 A That's okay.

9 Q Okay. And I assume you have had your deposition  
10 taken remotely before as well?

11 A Yes.

12 Q All right. So the one thing I will point out,  
13 which I'm sure you're aware, is because the court  
14 reporter is writing down everything that we say,  
15 it's very important for you to wait until I finish  
16 asking my questions until you provide your answers.  
17 And I will do my best to extend the same courtesy  
18 to you, is that fair?

19 A That's fair. I'm -- that's fair.

20 Q Do you have any questions about the process?

21 A I don't think at this point.

22 Q Okay. I'm sure you have had depositions taken  
23 before that have lasted all or most of the day. It  
24 is very much my intention to get you out of here  
25 even before anyone has to start thinking seriously

1 about a lunch break, but with that said, we'll just  
2 have to see how it goes. But if at any point you  
3 feel like you need a break to use the restroom, get  
4 a drink of water, stretch your legs, please just  
5 speak up, and I am positive we can make that  
6 happen, is that okay?

7 A That's okay. I -- the other day I mentioned to  
8 Mr. Carlisle that I would like a break every 90  
9 minutes.

10 Q And attorneys are creatures of habit, so we usually  
11 break between 60 or 90 minutes just because we do,  
12 so that's perfectly fine. But if I start ignoring  
13 that, please just let me know if you need a break,  
14 that's 100 percent fine. Because I, as a human  
15 being do not trust other human beings, I'm going to  
16 be sharing my own exhibits on the screen with you  
17 today. You will notice that on certain exhibits I  
18 have highlighted portions of them. The only reason  
19 I do that is to direct my own eyesight so that I  
20 don't waste your time while I try to find the right  
21 portion. I understand that you're a little limited  
22 by what you can see when the share screen function  
23 is used, so if you need me to scroll up or down,  
24 please just let me know, and that's easy enough,  
25 okay?

1 A Yes.

2 Q Okay. Where are you physically located right now?

3 It looks like you might be in your home?

4 A I'm in my home.

5 Q And just city and state, where is your home  
6 located?

7 A Mayfield Heights, Ohio, which is a suburb of  
8 Cleveland.

9 Q Okay. And I do assume no one else is in the room  
10 with you right now?

11 A That's true. No one is in the room with me.

12 Q And do you have any documents in front of you?

13 A I have my CV, which is Exhibit 31, and Exhibit 32,  
14 my expert opinion report.

15 Q That answers my question. My next question -- I  
16 can tell -- I did tell Mr. Carlisle that it might  
17 make things go a little more expeditiously if you  
18 had hard copies of those in front of you. Even  
19 though I'm sharing my screen, please feel free to  
20 rely on the hard copies when we start talking about  
21 those. Other than those two documents, do you have  
22 any other documents in front of you?

23 A I have a pad with your name on it and a few things  
24 on the desk from my work here from -- but it's  
25 irrelevant to you, and I have a glass of water.



1 Q I do as well. Do you have any documents open on  
2 your computer?

3 A No.

4 Q Okay. Okay. What did you do to prepare for your  
5 deposition today? Let me break that down. Did you  
6 speak with anyone in preparation for your  
7 deposition today?

8 A I spent almost two hours on Monday with  
9 Mr. Carlisle --

10 Q Okay.

11 A -- by video conference, and the night before I  
12 re-read my expert opinion report.

13 Q Other than that report, did you read anything in  
14 preparation for today's deposition?

15 A Well, I did read an article on surgery, on the  
16 complications of surgery, which is not in my expert  
17 opinion report.

18 Q Okay. Do you know who the author of that article  
19 is?

20 A It's Wouter B. Van der Sluis. It's S-l-u-i-s.

21 Q And S-l-u-i-s is the last name?

22 A Yeah.

23 Q And when did -- when was that article published?

24 A '23.

25 Q And this article was not cited in your expert

1 report, is that correct?

2 A No. I think I found it after I submitted the  
3 report.

4 Q Okay. And it sounded like the article concerned  
5 complication rates for gender affirmation or  
6 confirmation surgery?

7 A It was entitled "Genital Gender Affirming Surgery  
8 for Transgender Women," and it was from a  
9 Netherlands group.

10 Q Okay.

11 A So I guess in answer to your question on the side  
12 here, I have my file, and it was contained in my  
13 file in this case.

14 Q Is that the only article you read in preparation  
15 for today's deposition?

16 A Well, it's the only article I read in the last two  
17 days.

18 Q That's a perfectly fair way of responding to that  
19 question. I assume you read it recently simply  
20 because it only recently came to your attention?

21 A No. I read it, I think, Sunday.

22 Q And did you read it Sunday for the first time?

23 A Yes.

24 Q Okay. Other than Mr. Carlisle, did you speak to  
25 anyone else in preparation for your deposition

1 today?

2 A Well, my wife asked me what I was doing today, and  
3 I told her, and I mentioned Indiana and prisoner.  
4 Other than that, no.

5 Q I assume that was the extent of your conversation  
6 at least about the substance of your deposition  
7 with your wife?

8 A That's all I said, you know.

9 Q Okay. I also told my wife I had a deposition  
10 today. Okay. I'm going to pop up on the screen  
11 real quick just for the record what I have marked  
12 as Exhibit 31. Do you see that in front of you?

13 A I do.

14 Q Okay. And that is your curriculum vitae, right,  
15 your CV?

16 A Yeah. We pronounce it vitae, but maybe it's a  
17 different accent. I don't know.

18 Q And by "we," you mean people in the English  
19 speaking world who know how to pronounce things  
20 correctly?

21 A Well, that's too harsh, but...

22 Q And this document was tendered to us just a couple  
23 of weeks ago. I assume it's your most recent  
24 version of your CV?

25 A It's the most recent version, but I have

1 subsequently submitted an article for publication  
2 which is probably not on -- which is not on this,  
3 but that's the only difference.

4 Q Okay. And has that article been accepted for  
5 publication yet?

6 A No, no. It's just been submitted. It's probably  
7 months away from acceptance or rejection.

8 Q Okay. And do you know what the title of that  
9 article is?

10 A Well, I better know. It's called "A Comprehensive  
11 Psychiatric Evaluation for Transgender-identified  
12 Minors."

13 Q Okay. And it sounds like it's limited in substance  
14 to the treatment of minors?

15 A No. It's about the evaluation of minors in  
16 preparation for treatment, but, of course, the  
17 implications of -- the implications would be that  
18 everyone who is transgender-identified that is  
19 seeking some kind of medical assistance ought to  
20 have a comprehensive evaluation, but you're right  
21 that, you know, it denotes that age group.

22 Q Okay. You are a licensed psychiatrist, is that  
23 correct?

24 A Correct.

25 Q And I assume you're licensed by the state of Ohio?

1 A Yes.

2 Q Are you licensed by any other states?

3 A No.

4 Q All right. Do you consider yourself to have a  
5 specialty within the realm of psychiatry?

6 A Yes.

7 Q And what is that specialty?

8 A Human sexual concerns, so that involves love  
9 relationships that manifest with sexual life and  
10 sexual problems, sexual dysfunction, marital  
11 relationships, sexual identity issues. So I have  
12 been a specialist in that since my residency ended  
13 in 1973. I was hired to develop a curriculum on  
14 human sexuality for medical students and to develop  
15 clinical care services in our department of  
16 psychiatry. So since July of '73, that's been my  
17 major focus, although I am a general psychiatrist,  
18 adult psychiatrist first and foremost, and that's  
19 my subspecialty, and I have always considered  
20 myself an educator.

21 Q Okay. And in your specialty of human sexual  
22 concerns, I assume that relates to both cisgender  
23 and transgender persons?

24 A Yes.

25 Q And do you have any -- forgive me. I simply don't

1 know how it works -- but do you have any board  
2 certifications?

3 A Yes. I'm board certified in adult psychiatry and  
4 neurology.

5 Q All right.

6 A That's the name of the board, psychiatry and  
7 neurology. You shouldn't infer from that that I'm  
8 a specialist in neurology.

9 Q Okay. And that was going to be my next question,  
10 but adult psychiatry and neurology is one board  
11 certification, correct?

12 A Yes.

13 Q Okay. Okay. My understanding then is that you  
14 began your psychiatric residency in 1970 and  
15 finished it, I think you mentioned, in '73, is that  
16 correct?

17 A Correct.

18 Q And then in 1974, you founded the gender Identity  
19 Clinic at Case Western University in Cleveland?

20 A You know, I'm not sure whether it was late '73 or  
21 '74. Certainly by '74 it was up in operation. It  
22 may have been in November.

23 Q Okay.

24 A Yeah.

25 Q If this case hinges on the difference between 1973

1 and 1974, I'm quitting show business, okay?

2 A Yeah.

3 Q Was that the clinic's formal name, The Gender  
4 Identity Clinic?

5 A No. It was called the Case Western Reserve Gender  
6 Identity Clinic, and that was because it was a  
7 compilation of therapists or psychiatrists from two  
8 of the universities' major teaching hospitals so --

9 Q Okay. And please forgive me if I'm wrong. I  
10 thought I read somewhere it being mentioned as the  
11 University Hospital of Cleveland Sexual Dysfunction  
12 Clinic. Do you know what that is, or is that the  
13 same thing?

14 A No, it's not the same thing.

15 Q Okay.

16 A In the process of the early years of my work, I  
17 established a number of clinics having to do with  
18 sexual topics. There was a sexual dysfunction  
19 clinic for problems, like in women, inability to  
20 have an orgasm and decreased sexual desire or  
21 absence of sexual desire or pain on penetration or  
22 the inability to tolerate intercourse, and for men,  
23 to do care of problems like premature ejaculation  
24 and what in those days was called impotence or  
25 inability to maintain an erection for sexual

1 purposes.

2 And then we established a separate clinic for  
3 paraphilias which are -- just for paraphilias, and  
4 then we established a clinic called Marital Therapy  
5 Clinic. And along the way, we established the  
6 liaison work in the Department of Urology separate  
7 from the sexual dysfunction clinic because in  
8 urology -- but basically that was a men's sexual  
9 health issue, and then there was a Gender Identity  
10 Clinic, and a little bit later, a lot later, we  
11 established a clinic called The Program for  
12 Professionals where we started dealing with doctors  
13 and teachers and nurses who had crossed sexual  
14 boundaries in the context of their professional  
15 life.

16 So in the process of developing both education  
17 and clinical services, we realized that it's a very  
18 broad topic how human sexual problems fall into  
19 categories, and so we sort of commandeered various  
20 people from the Department of Psychiatry and from  
21 the community to form -- to meet regularly to think  
22 about how best to conceptualize and treat these  
23 various sexual forms of suffering or problems.

24 Q Okay. Speaking specifically about The Gender  
25 Identity Clinic, my understanding is that it was



1 formally associated with Case Western from 1973 or  
2 '74 until 1993, is that right?

3 A Yes.

4 Q And in '93, it disassociated from Case Western and  
5 changed its name?

6 A Yes.

7 Q Okay. What did it change its name to?

8 A Well, just -- I think just The Gender Identity  
9 Clinic because we just dropped the Case Western  
10 Reserve.

11 Q Okay. And then has it since been renamed?

12 A Yes. It's now called The Gender Diversity Clinic.

13 Q And when did that change happen?

14 A Probably close to 2017, plus or minus. Either 2017  
15 or 2018, something like that.

16 Q Okay. And is it currently in operation under the  
17 name of Gender Diversity Clinic?

18 A Yes.

19 Q And do you still work there?

20 A I do. I am the head of that clinic.

21 Q Okay. And my understanding is that you also  
22 maintain a separate private practice right now?

23 A Well, I'm in private practice, and I used to own,  
24 with colleagues from 1993 on, a private practice.  
25 And we maintain -- our work, our focus -- my two

1 colleagues were also experienced specialists in  
2 various sexual problems. And in 2017, I sold my  
3 practice to two of my employees, and so they have  
4 made a number of changes, and one of the changes  
5 was in keeping with what was going on in the  
6 culture, we changed our name from The Gender  
7 Identity Clinic to Gender Diversity Clinic. But  
8 both of my original partners have retired, and I'm  
9 left as an employee of DeBalzo Elgudin  
10 Levine & Risen, and I run the gender clinic, you  
11 know. It's -- I run the gender clinic.

12 Q And before we go forward, I will do this for the  
13 court reporter, but DeBalzo is D-e-b-a-l-z-o?

14 A Yeah, and the B is capital.

15 Q Okay. And E-l-g-u-d-i-n?

16 A Yes.

17 Q And Risen is R-i-s-e-n?

18 A Yes.

19 Q Okay. Do you run The Gender Diversity Clinic  
20 through that private practice, DeBalzo and others?

21 A Yes. It's an integral part of it.

22 Q Okay. Has that been the case since 1993 you have  
23 run the clinic through your private practice even  
24 though there might have been different names to the  
25 practice?

1 A Yes.

2 Q Okay. And has the focus -- I understand the  
3 sciences have evolved since 1973 or '4, but has the  
4 focus of the clinic changed between its inception  
5 and today?

6 A Oh, yes. In the '70s, none of us -- none of us  
7 understood any of this. This was a new phenomenon  
8 to psychiatry. For example, I never heard of  
9 transsexualism until my senior year, until the  
10 spring or March of 1973 when there was a person  
11 admitted to urology for -- under the word -- under  
12 the label chronic prostatitis, and it was  
13 discovered by the nursing staff that the head of  
14 urology was planning to remove his genitals and  
15 create female genitals. And that created an alarm  
16 in the medical administration, and the patient was  
17 discharged without surgery, and the head of the  
18 Department of Urology was slapped on the wrist for  
19 this.

20 But that was the first time I heard about  
21 this, and this particular patient had just visited  
22 the urologist who agreed to do the surgery, and  
23 there was no psychiatric screening whatsoever back  
24 then. And that got us thinking that psychiatry  
25 needed to play a role in this phenomenon that we

1 didn't know anything about, and on June 30 of 1973,  
2 I was a senior resident of psychiatry. And on the  
3 next day, July 1, 1973, people began referring to  
4 me as an expert in human sexuality. You know, you  
5 have to take these things with a grain of salt.  
6 But what happened in about 13 days is one of my  
7 supervisors sent me a patient that he had seen once  
8 saying that you should see the expert down at Case  
9 Western Reserve, Dr. Levine. And this was a man  
10 named Rutherford who told me the story that he was  
11 sitting underneath his oak tree with a gun in his  
12 mouth, and he decided he had a choice in life,  
13 either to pull the trigger or to become a woman.  
14 And so by whatever the date was, July, I had seen  
15 my first transgender patient. And, of course, I  
16 had never seen anybody like that, and so I went to  
17 the chairman of my department who was my mentor,  
18 and I said, what should I do? And he said he  
19 didn't know. He had never seen this before. And  
20 so that was the -- that really was the beginning of  
21 the Case Western Reserve Gender Identity Clinic.  
22 We decided we needed to study this phenomenon. Of  
23 course, we didn't know what to do with these  
24 patients.

25 And we began realizing that since Christine

1 Jorgensen's' fame in 1953, '52 and '53, there had  
2 been a trickle of people who -- they were almost  
3 all men almost, all middle aged men who had this  
4 interest -- and so we started this clinic with five  
5 or six people from two hospitals. And I'm telling  
6 you, for the next 18 years, we had a steady stream  
7 of people, mostly men, mostly in their 20s to 60s,  
8 who began telling us trans stories. And many of  
9 us -- my entire clinic then joined what was called  
10 in those days the Harry Benjamin International  
11 Gender Dysphoria Association, and we started going  
12 to meetings every two years. There was a group of  
13 us around the world, actually. I mean Europeans  
14 and North Americans who also didn't know what to do  
15 with these people, but they included a bunch of  
16 surgeons, and it was very clear that many of these  
17 men said that they wanted surgery, and many of the  
18 surgeons started doing the surgery. So I was part  
19 of this international process of trying to figure  
20 out what's going on here, and I guess the rest is  
21 history.

22 Q Did the -- just for the record -- and I'm not going  
23 to repeat the entire name, but the Harry Benjamin  
24 organization, that's the organization that's  
25 currently known as WPATH?

1 A Yes. In 2007 it changed its name, and if you want  
2 me to repeat it, it's the Harry Benjamin  
3 International Gender Dysphoria Association.

4 Q Is it fair to say that from the time that the  
5 clinic opened in the '70s until today its focus has  
6 been exclusively on persons who either have been  
7 diagnosed with what is now known as gender  
8 dysphoria or otherwise experiencing issues related  
9 to their gender identity?

10 A Yes, it's fair to say that that was the primary  
11 focus. In studying these folks, while all of them  
12 had at least entertained an aspiration to live in  
13 the opposite gender role, we got to know many of  
14 these people, and they had many, many problems.  
15 And so the focus -- you know, the focus always  
16 began with the gender issue, but in the course of  
17 our evaluation, you know, some of them were -- a  
18 few of them were psychotic, and many of them were  
19 chronically depressed. We didn't have the word for  
20 autism in those days, but today, in retrospect,  
21 many of them were very -- they had  
22 neurodevelopmental problems. And so it was all  
23 about the focus about gender identity. That's why  
24 they came here because there was a clinic. There  
25 was one clinic in Cleveland devoted to these

1 issues, and people from mostly all over the state  
2 came to us primarily in the three-county area  
3 around us but sometimes from more distance.

4 Q Okay. I'm sorry. Since its inception, has the  
5 clinic ever served minors?

6 A Oh, yes, we occasionally -- somewhere in the early  
7 '80s, I remember a parent came to me as a private  
8 practitioner because they had a four-year-old,  
9 cross-gender-identified child, and we did see an  
10 occasional minor. But I would say 85 percent of  
11 the people we saw during those 18 years were  
12 adults, and I remember I presented a paper on, I  
13 think, about 80 people, and they were all adults.

14 Q And why are you breaking it down into the first, I  
15 guess, 18 years before it become -- before it  
16 switched away from being known as The Gender  
17 Identity Clinic?

18 A Because in the first 18 years, I was in a  
19 university setting where we had medical students,  
20 psychiatric residents, and fellows in human  
21 sexuality. And I also had sort of collected or  
22 gravitated towards our work a number of people who  
23 wanted -- were interested -- who were interested  
24 for their careers, and that gave us an opportunity  
25 to collect the systematic data on these things, and

1 it enabled us to present some data in  
2 presentations.

3 I had this wonderful colleague who was  
4 obsessive-compulsive enough to want to keep track  
5 of things, and so that ended in 1992, 1993, when he  
6 left the university, so that's why I make the  
7 distinction.

8 Q And that was going to be my next question. When  
9 you're referring to the first 18 years, you're  
10 referring to the period of time that the clinic was  
11 formally associated with Case Western?

12 A Yes.

13 Q Okay. Okay. During these first 18 years then,  
14 what type of services were offered by the clinic?

15 A Well, everyone had an evaluation, and that  
16 evaluation typically consisted with a -- sort of  
17 three to six hours with an individual person and  
18 psychological testing.

19 Q I'm sorry, Doctor. I don't mean to cut you off.  
20 Let me ask a real quick clarification on that.  
21 When you say "evaluation," you mean a psychiatric  
22 evaluation?

23 A Yes.

24 Q Okay.

25 A A mental health professional who belonged to our



1 clinic would be assigned to a patient, and the  
2 patient -- that person would meet with the person  
3 between three and six hours and perform -- and give  
4 them psychological tests, the MMPI and the MCMI. I  
5 don't need to tell you what they stand for. And  
6 then they would present that case to our entire  
7 clinic, and usually I would say almost always that  
8 person was interviewed by one of the senior members  
9 by someone other than the clinician, and then we  
10 would come together and agree or disagree with the  
11 diagnosis and then contemplate what should be done  
12 next. And we would try to make that decision as a  
13 group, so sometimes we would -- we would be able to  
14 make the decision during the one-hour period where  
15 there was a presentation and interview and then a  
16 discussion, and sometimes we had to wait until the  
17 next meeting to make a decision because we ran out  
18 of time.

19 Q Okay. I assume that when you were agreeing on a  
20 diagnosis, sometimes patients were diagnosed by  
21 clinic staff as having what would now be known as  
22 gender dysphoria?

23 A Yes. In those days, we called it transsexualism.

24 Q Sure. And --

25 A And then we called it gender identity disorder

1 after a while.

2 Q Sure. And I don't want either of us to get bogged  
3 down in semantics. Is it okay with you if I use  
4 the current terms, and we can agree that includes  
5 predecessor terms?

6 A I'm sorry. There was -- one phrase was garbled.  
7 You said -- did you say if we just agree to use  
8 gender dysphoria?

9 Q Is it okay if we just agree to use the current --

10 A Oh, yes.

11 Q -- terminology?

12 A Yes. The current ideology -- the current  
13 nomenclature seems to be synonymous. It's not  
14 really, but it seems to be synonymous, gender  
15 dysphoria or gender incongruence.

16 Q And during these first 18 years, approximately how  
17 many patients did the clinic diagnose with gender  
18 dysphoria?

19 A I'm going to smile and say 315.

20 Q And I knew we're not going to have an exact number.  
21 Is it fair to say it was in the hundreds?

22 A No. I'm serious. It was 315 or 318, something  
23 like that. I mean, we kept track.

24 Q I'm sorry. I thought you were teasing me.

25 A No. No. No. No. I'm sorry I misled you. As I

1 say, we had this wonderful guy with a little  
2 obsessive-compulsive capacities, and he wanted to  
3 keep track. And we -- that number was I think  
4 when -- as a result -- I'm told that number  
5 represents 1992.

6 Q It represents 1973 through 1992?

7 A Yeah. And I'm sure that's not the complete number  
8 of patients, but those were the number of records  
9 that we had.

10 Q Okay. And of those 300-odd-some patients that the  
11 clinic diagnosed with what is now known as gender  
12 dysphoria, what type of services did the clinic  
13 offer to those people?

14 A Well, we offered continuing psychotherapy. That is  
15 we -- so we offered continuing psychotherapy, and  
16 we offered continuing relationships while they did  
17 other things like we would send a letter to an  
18 endocrinologist. We had actually an  
19 endocrinologist on our committee, and he didn't  
20 attend the meetings regularly. We also had a  
21 surgeon who attended occasional meetings but -- so  
22 the answer to your question was that we sometimes  
23 would write a letter based upon our psychiatric  
24 evaluation. I think I forgot to tell you that as a  
25 result of the psychiatric evaluation, there was a

1 report written, and that's why we had 318 charts  
2 because I had 318 reports. So we would use those  
3 reports and use a cover letter to say the patient  
4 wanted surgery -- I'm sorry -- wanted hormones, and  
5 we see no major reason not to do this. We actually  
6 never recommended hormones, and we never  
7 recommended surgery. But we felt that the patient  
8 had met our requirements, and if they wanted to  
9 take the risk of these unknown treatments, it was  
10 their prerogative to do that.

11 Q So if the patient wanted hormones and you did not  
12 see a reason not to have -- for them not to have  
13 hormones -- it sounded like you wrote a letter  
14 explaining that to an endocrinologist?

15 A Yes. But either we would incorporate the original  
16 evaluation report into that letter, or we would  
17 send a letter plus the original evaluation. We  
18 felt very strongly that the doctor who was going to  
19 take responsibility to give hormones needed to  
20 understand the psychiatric background and the  
21 psychiatric challenges that this person  
22 represented, that this person had. See, none of us  
23 knew what the outcomes of these cases were.

24 Q Sure.

25 A And there was really very few published studies

1       that amounted to, what I say, good science, and we  
2       were just part of this international community that  
3       thought that maybe this experiment would help these  
4       people.

5       Q   Okay. We have been talking, Doctor, about  
6       hormones. I assume we agree that we're talking  
7       about what I would refer to as gender-affirming or  
8       gender-confirming hormones?

9       A   I don't believe we used those terms in those days,  
10      so most of these were men, so we were talking about  
11      estrogens.

12      Q   And then for -- you mentioned also the clinic would  
13      occasionally write letters to surgeons?

14      A   Yes. Yes.

15      Q   And I assume that these letters said something  
16      similar along the lines of this patient diagnosed  
17      with gender dysphoria has expressed a desire for  
18      surgery, and we see no reason why that should not  
19      happen?

20      A   No, not exactly the latter. We would tell them how  
21      long we have known the person. We would give them  
22      a description of the person's life and psychiatric  
23      challenges or interpersonal challenges, their  
24      psychiatric diagnoses. And we would say that we  
25      asked the person to participate with us over a

1 period of time, and they have done this, and they  
2 persisted. They persisted in the wish to see a  
3 surgeon and to contemplate having surgery. And so,  
4 you know, you could decide what you want to do,  
5 Doctor.

6 Q Is it fair to say that you would not -- or you --  
7 that the clinic would not write that letter either  
8 to the endocrinologist for hormones or to the  
9 surgeon for surgery if you saw a reason that that  
10 person should be disqualified from receiving that  
11 particular treatment?

12 A Yes. We saw people that we thought it would be  
13 grossly inappropriate and not in their best  
14 interest because of associated psychopathology to  
15 have surgery, right.

16 Q And for those persons, you would not write the  
17 letter; you would not refer them?

18 A You see, we would tell them in a personal interview  
19 why we weren't going to do that.

20 Q Okay. Of the 315 or 318 gender dysphoric patients  
21 during this 18-year period, about how many of those  
22 persons began receiving gender-affirming hormones?

23 A I have to think about that.

24 Q That's fine.

25 A I imagine 40 to 50 percent. I want you to know I'm

1       guessing.

2       Q   Sure.   Sure.   And approximations are perfectly fine  
3       with me.   I understand that, A, it's a lot people,  
4       and, B, it was a long time ago.   Of these 315 or  
5       318 patients, approximately how many received  
6       gender-affirming genital surgery?

7       A   Much fewer.   Probably a dozen.

8       Q   Had any received any gender-affirming surgeries  
9       other than genital surgery?   Excuse me.   Let me  
10      rephrase that.   Strike that.   Had any of them  
11      received gender-affirming surgeries but had not  
12      received genital surgery?

13      A   If I can interpret your question.

14      Q   By all means.

15      A   And rephrase it.   Did we remove -- did we send any  
16      biologic females who were cross-gender identified  
17      to have mastectomies?   And because the vast  
18      majority of the people were males, that didn't come  
19      up very often in the '70s and the '80s, but there  
20      must have been an occasional person who decided to  
21      remove her breasts or, shall we say at this point,  
22      his breasts.   Is that the question you were really  
23      asking?

24      Q   It's close enough.   How about that?   I'll move on.  
25      I found an article from you that you wrote that was

1 published in 1981 called "Expressive psychotherapy  
2 with gender dysphoric patients." Are you familiar  
3 with the article I'm referring to?

4 A That's the one with Dr. Lothstein as a coauthor?

5 Q I apologize. I don't remember. It's the one that  
6 I think details the clinic's experience with the  
7 first 50 patients it saw.

8 A Well, I didn't remember that, but you have read it  
9 since I have.

10 Q And if you don't remember it, I'm not going --

11 A In the early '80s, Dr. Lothstein and I wrote two  
12 articles, I think, about psychotherapy with these  
13 patients, yeah.

14 Q Okay. And the only thing I was going to ask you is  
15 that in the article, you say that of the 50 gender  
16 dysphoric patients that have been seen at the  
17 clinic at the time, 10 percent have received both  
18 gender affirming surgery and psychotherapy.

19 A Okay. I didn't remember that.

20 Q Okay. Then I will not ask you about it.

21 A Okay.

22 Q After -- other than the change in science to the  
23 focus -- I'm sorry. Let me strike the question.  
24 Focusing now on the period of time after the clinic  
25 ceased being formally associated with Case Western



1 to the present time, I assume that the clinic still  
2 provides and has provided throughout the time the  
3 psychological evaluation or psychiatric evaluation  
4 for patients?

5 A Yeah. We are mental health professionals, and so  
6 the idea of meeting a person and sending them to  
7 hormones without a psychiatric evaluation without  
8 an investigation of what is this about, it's just  
9 incompatible with how we think.

10 Q Since the clinic disaffiliated from Case Western,  
11 approximately how many patients has the clinic  
12 diagnosed with gender dysphoria or its predecessor  
13 terms?

14 A Well, I haven't kept track of that, but I could say  
15 that it was -- the rate of referrals was much less  
16 from 1993 even to the present. And one of the  
17 reasons for that is that in the early -- in the 18  
18 years that we were operationally within Case  
19 Western Reserve, we were the only clinic in town,  
20 and then in the '90s, other clinics, Metropolitan  
21 Health Clinic, had what was a spinoff clinic to  
22 deal with sexual minorities, mostly lesbians and  
23 gay people, and they began getting interested in  
24 the treatment of trans-identified people. And then  
25 the Cleveland Clinic got interested in this, and

1 then the university hospitals got interested in  
2 this. And so in the '90s, we went from being the  
3 only place in town and known as basically a  
4 conservative, let's investigate this, let's think  
5 about this together, to these other clinics that  
6 believed in the best way to treat these people was  
7 to affirm them.

8 And so we began sometimes seeing people who  
9 had come from these clinics who on the first visit  
10 would get a diagnosis and a recommendation for  
11 hormones, and so we basically got shut out of the  
12 game, so to speak, of taking care of these people.  
13 Not only that, some of the people we trained went  
14 into private practice, and they started taking care  
15 of gender people. So instead of having, you know,  
16 a new patient a week, so to speak, we had an  
17 occasional adult patient come to see us and more  
18 and more during the '90s and the -- since that time  
19 we began seeing people who had a lot more hesitance  
20 about this, and they wanted to talk about this.

21 For example, someone came to see me and had been --

22 Q I'm so sorry, Doctor. Let me cut you off because I  
23 really don't want to take your entire day up. The  
24 question I had asked you was since 1993,  
25 approximately how many patients the clinic had

1 diagnosed with gender dysphoria, and it sounds to  
2 me like you do not know.

3 A Since -- so the -- we're talking about 31 years.

4 Q Sure. And a rough approximation is fine with me.  
5 Are we talking about a number in the hundreds? In  
6 the dozens? Thousands?

7 A I think we're probably talking about 50, 60.

8 Q Okay. And of those 50 or 60 patients, I assume  
9 there had been occasions where you have written  
10 referrals for either hormones or surgery?

11 A There have been rare occasions that I have done  
12 that, yes.

13 Q And of those 50 or 60 persons, approximately how  
14 many did the clinic write a referral for a patient  
15 to receive hormone therapy?

16 A I would probably say a handful.

17 Q Okay. And approximately how many of these 50 or 60  
18 people did the clinic write a referral for surgery?

19 A Less.

20 Q Just a couple?

21 A Well, I have written letters for surgery for people  
22 who chose not to have it, and so I think that's a  
23 very important thing to get into the record here.  
24 One of my current patients I wrote a letter in  
25 support for orchiectomy, and the patient decided

1 not to have it. I can't remember the year, but I  
2 know we approved someone for a vaginoplasty, and he  
3 also decided not to have it and then  
4 de-transitioned. So most -- see, in recent years,  
5 most of the patients that I have seen have been  
6 minors, adolescents. You also probably know that I  
7 have been involved with the Massachusetts  
8 Department of Corrections for 17 years, and so most  
9 of my experience with adults in recent years have  
10 been through the prison system.

11 Q Let me just ask you this very broadly, and if you  
12 need to rephrase the question, please feel free to  
13 do so. But over the last decade or so,  
14 approximately how many gender dysphoric patients  
15 have you had at any one time?

16 A What was the last three words?

17 Q At any one time.

18 A Oh, at any one time. I would say, like, four.  
19 That's not including the people that I supervise.  
20 So if you include that, the numbers get higher,  
21 much higher.

22 Q For patients who came into the clinic either with a  
23 diagnosis of gender dysphoria or the clinic  
24 diagnosed with gender dysphoria who expressed an  
25 interest in obtaining one or more gender-affirming

1 surgeries, did the clinic itself perform an  
2 evaluation for the appropriateness of those  
3 surgeries?

4 A Your question assumes that we have the capacity to  
5 discern what is appropriate and what is  
6 inappropriate when it comes to surgery. I actually  
7 think that we don't have a crystal ball about who  
8 is going to do well and who is not going to do  
9 well, and I actually do not have enough narcissism  
10 to think that I know who is a good candidate for  
11 surgery and who is a poor candidate for surgery  
12 because something that I already mentioned to you,  
13 over the years -- and I think we're talking 50  
14 now -- over the years, I have seen people who  
15 present themselves in a certain way and then  
16 don't -- then -- and they present themselves in,  
17 what I would say, a way that they want me to reach  
18 a certain conclusion. And then, for example, the  
19 person that I wrote a letter for vaginoplasty who  
20 then de-transitioned, you know --

21 Q I'm so sorry, Doctor. I think the problem might  
22 have been how I asked the question, so let me find  
23 a different way to ask it. If a patient came to  
24 your clinic from Indiana with a preexisting  
25 diagnosis of gender dysphoria and walked through

1 your clinic doors and said, hey, I just moved to  
2 town, while I was in Indiana, I did not have a  
3 chance to have gender-affirming surgery but I'm  
4 very interested in doing that now that I'm here,  
5 what steps will you take before deciding whether or  
6 not to write a letter to a surgeon on that  
7 patient's behalf?

8 A I would say, No. 1, I would do a comprehensive  
9 multiple-hour evaluation over time. I would tell  
10 the person right off I can't write this, you know,  
11 until completed, until I get to know you. And if  
12 he had involvement in medical care for this in  
13 Indiana, I would want to get the medical records  
14 from Indiana, and he would get to know me through  
15 my questions, and I would get to know him through  
16 his answers to my questions. And I would want to  
17 know why he moved from Indiana and why, you know --  
18 what kind of care he got. You see, it's the  
19 patient's decision to have sex reassignment  
20 surgery, or, you know, depending on -- maybe you  
21 call it gender-confirming surgery now -- it's the  
22 patient's decision. I review the pluses and  
23 minuses and what the person knows about  
24 complication rates. I also want to know what  
25 benefits he expects from this, and I want him to

1 understand what science knows about the benefits  
2 and the harms, and he needs to understand in order  
3 to have informed consent the limited knowledge that  
4 we have about the long-term outcome of this kind of  
5 major thing. Obviously, this is irreversible, and  
6 so we have to have a good enough relationship that  
7 we can talk over time and get to know one another.  
8 It is not, at the end of this, Mr. Rose, that I'm  
9 going to say, I'm enthusiastically endorsing the  
10 need for -- the medical need for gender-confirming  
11 surgery. I'm saying I have worked with this  
12 patient for 12 hours. I reviewed his history, and  
13 here's the relevant history. The patient has  
14 chronic depression. The patient has a history of  
15 sex crimes, whatever, and the patient thinks that  
16 this is the best solution for his current  
17 suffering, and so he's asking me to write a letter  
18 for you, and this is my letter of introduction.

19 You see, I want the surgeon to take ethical  
20 responsibility for this. I want the  
21 endocrinologist to take ethical responsibility for  
22 this. I do not know what is going to come of these  
23 operations. See, I don't want him to think that,  
24 oh, the doctor said it's okay, so it's ethically  
25 okay. I don't think I'm smart enough to do that.

1 This is an ethically -- because it's a  
2 scientifically limited area, this is an ethically  
3 fraught area, and I have always, since the  
4 beginning, been uncertain about this. Now I need  
5 to give you one more background.

6 Q Doctor, I'm sorry. We really are going to be here  
7 for a week if you keep -- if you keep answering  
8 questions that I have not asked, so I just want to  
9 try a little harder to redirect you to these  
10 questions, if you don't mind.

11 MR. CARLISLE: Let's let the witness finish  
12 his thought, please.

13 MR. ROSE: We're not going to do that, Alex.  
14 If there's a question on the table, I have a right  
15 to get an answer to my question. He's not allowed  
16 to --

17 A Mr. Rose, I was, in fact, answering your question.

18 Q Doctor, the question I had asked you was what you  
19 do after seeing the patient before deciding whether  
20 or not to write a letter to a surgeon or not to do  
21 so. And it sounded like your process is to get to  
22 know that patient over time. Is that a fair  
23 statement?

24 A That's fair.

25 Q And I assume by over time we're talking about a



1 period of months and several meetings?

2 A Well, it doesn't have to be months, but it  
3 certainly is going to be several meetings,  
4 probably, you know, at least four to six hours.

5 Q And I assume in your clinic practice there were --  
6 there are no circumstances in which you would  
7 decide whether to refer a patient to a surgeon or  
8 not based on only review of medical records?

9 A Well, in my practice, I have a person in my office,  
10 so the medical records may be part of the review,  
11 but in my practice, I'm actually face to face with  
12 a person.

13 Q And so some of your clinical patients have actually  
14 obtained confirming surgery, correct?

15 A What was the verb in that sentence?

16 Q Have actually obtained confirming surgery?

17 A Oh, have obtained. Yes.

18 Q All right. Doctor, how did you come to be involved  
19 in this litigation?

20 A I got a phone call from the Attorney General's  
21 Office, from Mr. Carlisle.

22 Q The State reached out to you, not the other way  
23 around?

24 A Not the other way around.

25 Q And my understanding from your report is that you

1 are charging \$500 an hour for your services in this  
2 case?

3 A I am.

4 Q Do you have an estimate as to the number of hours  
5 you have expended on the case thus far?

6 A 26.

7 Q About what percentage of your current annual income  
8 is derived from your work as an expert witness?

9 A That is varied from year to year. My work as an  
10 expert within this area is only, I think, three  
11 years old, so four years ago it was zero. Last  
12 year was shocking. I think prior to pretax, it  
13 probably was 40 to 50 percent.

14 Q Okay. I still have your CV up on the screen,  
15 correct?

16 A You do.

17 Q Okay. I'm going to flip down to page 5. Do you  
18 see under, I guess, section 9D there where it's  
19 titled expert witness appearances and deposition or  
20 trial?

21 A Uh-huh.

22 Q Yes?

23 A Yes. I'm sorry.

24 Q That's okay. And these are five lawsuits in which  
25 you have appeared as an expert witness in either

1 depositions or trial?

2 A Yes.

3 Q Is this a complete list of the lawsuits in which  
4 you have testified as an expert witness?

5 A No. No. I think you have to go down to 10.

6 Q And I think it's actually on the next page. I  
7 guess my next question to you is how did you decide  
8 which five cases to list here?

9 A This CV is an evolving document that -- over the  
10 course of 50 years -- and the first involvement in  
11 this area was D1. And then I got to work for the  
12 Department of Corrections, and then that generated  
13 you know, the Bautista case and the Sunia case.

14 Q Let me ask a quick question this way, Doctor. You  
15 had referred to having to go down to 10, but I'll  
16 scroll down to pages 6 and 7, where section 11 is  
17 titled expert witness reports, deposition, or  
18 testimony.

19 A Yeah.

20 Q Do you think that --

21 A Yeah.

22 Q And I guess my question was, is there a distinction  
23 between the five cases that you have listed on page  
24 5 and the ones down --

25 A No. I think if I had the time and the inclination

1 to fix my CV, I would change these sections because  
2 they're not so distinct.

3 Q That's perfectly fair. And of the five cases in  
4 section 9D, my understanding is that all five of  
5 those concerned gender-related care?

6 A Yes.

7 Q And the first four of these listed here concerns  
8 specifically care by persons who were  
9 incarcerated -- or persons who were incarcerated?

10 A The first four.

11 Q And the Kadel case did not, is that correct?

12 A Yes.

13 Q Okay. Okay. Then when we add in the cases that  
14 you have identified in section 11 which spans pages  
15 6 to 7 -- and I will just tell you there are 29  
16 different cases listed here -- is this intended to  
17 be a complete list of the cases where you have  
18 appeared as an expert witness?

19 A Well, those -- if you go to the one that starts  
20 with double letters, like 26, 27, 28, A and B, I  
21 just -- whatever new case comes up, I just add it  
22 to that section. I have been -- I haven't even  
23 looked at the first section that you -- so the new  
24 cases are going to be DD, for example.

25 Q Okay. So the answer is yes, this is intended to be

1 a complete list of the cases?

2 A It's in -- yes. The answer is yes and yes. It's  
3 intended -- whether it's actually a complete list,  
4 whether I forgot something, it's possible.

5 Q I have highlighted the first two cases here, the  
6 Charlene Fuller litigation and the Norsworthy case.

7 A My understanding is that both of these cases  
8 concerned the provision of gender-affirming care to  
9 prisoners. Well, actually, Charlene Paige Fuller,  
10 who is now deceased by the way, I think it wasn't  
11 about -- it was something about breast forms.

12 Q Okay.

13 A It wasn't about hormones or surgery. Ms. Fuller  
14 had --

15 Q That's fine. I just wanted to make sure I  
16 understand.

17 A You're not asking me about the details. I'm sorry.  
18 I misunderstood.

19 Q That's okay. The Norsworthy case, though, was a  
20 patient that was seeking gender-affirming surgery?

21 A Yes, that was -- yes.

22 Q Okay. And the patient in that case was a prisoner,  
23 correct?

24 A A California prisoner.

25 Q Other than those two cases on this list -- and I

1 can scroll down slowly if you want -- but are there  
2 other cases on this list that concern specifically  
3 the provision of gender-affirming care to  
4 prisoners?

5 A Yes. Scroll down, please.

6 Q I'm trying to go slowly so you can see everything.

7 A Let me see what N is. Oh, no. Okay. Dylan  
8 Brandt. I think Dylan Brandt was a teenager that  
9 would, you know -- the Dylan Brandt case was about  
10 a law. It wasn't about a prisoner. Your question  
11 is about a prisoner, right?

12 Q That's correct.

13 A Yeah. Okay. Let me see. I think you're probably  
14 right.

15 Q Okay. My understanding is that you also submitted  
16 an expert report in a Kentucky case called Clark  
17 versus Quiros, Q-u-i-r-o-s. Do you recall that?

18 A Is that not on here? Yes. I think -- I do recall.

19 Q Okay. And your deposition was taken in that case?

20 A Yes.

21 Q And do you recall whether your deposition was taken  
22 in the last four years?

23 A Probably was in the last four years, yes.

24 Q And if I tell you that you were deposed on March 9,  
25 2022, does that sound about right?

1 A Well, that's within the last four years. The month  
2 and date mean nothing to me now.

3 Q Sure. And that case specifically concerned a  
4 prisoner with gender dysphoria who was challenging  
5 the refusal of the correctional department to  
6 provide them with gender-affirming surgery?

7 A Yes.

8 Q Is there a reason you did not identify that case  
9 here?

10 A No.

11 Q Okay. Are there any other cases that you can  
12 recall where you served as an expert in a case  
13 brought by a prisoner?

14 A So is there -- there was a Nebraska case. I don't  
15 know. Is that listed somewhere in there? I think  
16 Florida had a case, and I don't think I ever -- I  
17 didn't have a deposition, and I didn't write an  
18 expert opinion report, but I was helping the --  
19 someone defending the case. I was sort of getting  
20 her and her team up to speed on the literature of  
21 this, but I don't think I -- that was all I did,  
22 and so I didn't list that, I think, and --

23 Q That's fine.

24 A And I -- if there's nothing there on Nebraska,  
25 there should have been, and so that involved a

1 prisoner. And that was in the last four years.

2 That was probably two and a half years ago, three  
3 years ago.

4 Q Was your deposition taken in that case?

5 A No.

6 Q Did you testify at a hearing in that case?

7 A No. I wrote an expert opinion report.

8 Q Okay. And do you recall the prisoner's name?

9 A No. The prisoners' names often aren't given, but I  
10 don't recall if it was.

11 Q Okay. At the bottom of page 6, you identify a case  
12 called Tingley versus Washington State. Do you see  
13 that?

14 A Yes.

15 Q And my understanding is that that case arose as a  
16 challenge to a state law banning certain therapists  
17 or mental health professionals from performing  
18 so-called conversion therapy on minors. Is that  
19 your understanding?

20 A I'm not sure it was on minors.

21 Q But it concerned a state law banning conversion  
22 therapy?

23 A I think Tingley was a psychologist who objected to  
24 not being able to talk about gender identity -- or  
25 gender identity with patients who requested it, and



1       that's my memory of it. I don't remember it being  
2       a minor.

3       Q   Okay. Are you currently a member of any  
4       professional organizations or associations?

5       A   I'm a member of the International Academy of Sex  
6       Research, the American Psychiatric Association. I  
7       just sort of let my -- I have been a long-term  
8       member of Society for Sex Therapy and Research, and  
9       I guess I'm a member of Gender Exploratory Therapy  
10      because I'm an author of one of their papers, one  
11      of their position papers, so -- but it's not  
12      like -- like, I don't pay dues to that.

13      Q   Sure. And I'm sorry for asking this. This is just  
14      one of those questions that attorneys feel bound to  
15      ask, but have you ever had any disciplinary action  
16      taken against you by any professional licensing  
17      authority?

18      A   No.

19      Q   Have you ever been adjudicated by either an  
20      administrative or a judicial body to have committed  
21      professional malpractice?

22      A   Say that again.

23      Q   Have you ever been adjudicated by either a court or  
24      some sort of administrative body to have committed  
25      professional malpractice?

1 A Oh, when I was the owner of my practice, I had a  
2 therapist who had given an enormous amount of  
3 medication to a patient, and then that patient left  
4 my practice and then had a -- I'm sorry. Then the  
5 therapist left my practice, and she had a  
6 psychiatric decompensation, and the patient did not  
7 have access to the enormous amounts of medicine  
8 that the doctor had given. And she eventually had  
9 a seizure and got hospitalized, and she sued the  
10 doctor, and because I was the owner of the  
11 practice, I was sued as -- my partners and I were  
12 sued, and so we were found against for vicarious  
13 liability, and our insurance company paid a fine or  
14 paid some money based on that case.

15 Q Okay.

16 A But other than that, that is the only time that  
17 there was a malpractice case against me.

18 Q Okay. And about how long ago was that?

19 A 1999.

20 Q Okay. And it's my understanding that you have been  
21 sued a couple of times by prisoners who were  
22 seeking -- by Massachusetts prisoners who were  
23 seeking gender-affirming care, is that correct?

24 A Oh, I was, like, I think, one time. I was the  
25 eighth or ninth person listed on a lawsuit, yes.